

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>32</i>	<i>2/10</i>
<b>FORMALITY REVIEW</b>	<i>NN</i>	<i>778</i>	<i>5/29/02</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>A-S</i>	<i>943</i>	<i>11-7-1</i>

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	1-928223	10/22/01
2	✓	✓	10/22/01
3		✓	10/22/01
4		✓	10/22/01
5	N	N	10/22/01
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15	✓	N	10/22/01
16	✓	✓	10/22/01
17	✓	✓	10/22/01
18		✓	10/22/01
19		✓	10/22/01
20	✓	✓	10/22/01
21	N	N	10/22/01
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31	✓	N	10/22/01
32	✓	✓	10/22/01
33	✓	✓	10/22/01
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39	✓	✓	10/22/01
40	✓	✓	10/22/01
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46	✓	✓	10/22/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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